

RECEIVED

FEC FORM 9

2010 NOV 29 AM 8: 56

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name  
Set it Straight

(b) Address (number and street) ☐ check if different than previously reported  
5160 Heathstone Lane

(c) City, State and ZIP Code  
Colorado Springs CO 80919

(d) Name of Employer or Principal Place of Business  
Patrick Davis Consulting

(e) Occupation  
Consulting

2. FEC Identification Number  
C

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period  

10

27

2010

through

11

03

2010

5. (a) Date of Public Distribution(s)

10

29

2010

(b) Communication Title  
Life Support

6. The filer is a(n):

(a) Individual

(b) Unincorporated Organization

(c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: \_\_\_\_\_

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☒

8. Custodian of Records

(a) Name  
Patrick Davis

(b) Address (number and street)  
5160 Heathstone Lane

(c) City, State and ZIP Code  
Colorado Springs, CO 80919

(d) Name of Employer or Principal Place of Business  
Patrick Davis Consulting

(e) Occupation  
Consulting

9. Total Donations This Statement

2000.00

10. Total Disbursements/Obligations This Statement

2000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM PATRICK DAVIS

SIGNATURE [Signature] DATE 11-19-2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

PAGE      OF

**11. Person(s) Sharing/Exercising Control**

**A.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**B.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**C.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**D.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**E.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**SCHEDULE 9-A**  
**Donation(s) Received**

PAGE      OF

<b>A.</b> Full Name of Donor <u>Jim Loomis</u> Mailing Address of Donor <u>1204 Church St</u> City                                  State                                  Zip <u>St. Helena CA</u> <u>94574</u>	Date of Receipt MM / DD / YYYY <u>11 / 16 / 2010</u> Amount <u>2000.00</u>
<b>B.</b> Full Name of Donor _____ Mailing Address of Donor _____ City                                  State                                  Zip	Date of Receipt MM / DD / YYYY _____ Amount _____
<b>C.</b> Full Name of Donor _____ Mailing Address of Donor _____ City                                  State                                  Zip	Date of Receipt MM / DD / YYYY _____ Amount _____
<b>D.</b> Full Name of Donor _____ Mailing Address of Donor _____ City                                  State                                  Zip	Date of Receipt MM / DD / YYYY _____ Amount _____
<b>E.</b> Full Name of Donor _____ Mailing Address of Donor _____ City                                  State                                  Zip	Date of Receipt MM / DD / YYYY _____ Amount _____
<b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶ <u>2000.00</u>	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 9)	

**Disbursement(s) Made or Obligation(s)**

PAGE OF

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>11/22/2010</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JB*  
PREPARER  
(3/2005)

*11/29/2010*  
DATE PREPARED